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PATENT
Total Pages

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

RST NAMED INVENTOR OR APPLICATION IDENTIFIER: JOHN G. KEIMEL

HE: IMPROVED SENSOR SYSTEM

10/04/08/27

MOLLY CHLEBECK Printed Name Molly Chlbick Commissioner for Patents **BOX PATENT APPLICATION** Washington, D.C. 20231 Sir: We are transmitting herewith the attached: **Patent Application Transmittal** X Specification: Total pages: 18 (including claims and abstract: Spec. 13 sheets; Claims 4 sheets; Abstract 1 **Drawings:** Total sheets: 7 informal formal **Combined Declaration and Power of Attorney:** unexecuted copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. Accompanying application parts: Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations **Preliminary Amendment** A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard IF A CONTINUING APPLICATION: ☐ Continuation-in-part (CIP) Divisional Continuation of prior application No. \_\_\_\_/\_\_\_ Amend the specification by inserting before the first line the sentence: This application is a [ ] continuation of application number \_\_\_\_\_\_, filed \_\_\_\_\_. continuation in part division Cancel in this application original claims \_\_\_\_\_\_of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.) The prior application is assigned of record to Medtronic, Inc. The Power of Attorney in the prior application is to: \_\_\_\_\_\_.

X

Address all future correspondence to:

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FEE CALCULATION	No. of Claims Filed	Claims Include Base Fee	ed in	No. of Extra Claims	Rate	Fee
Total Claims	31	20	=	11	x 18	\$198.00
Independent Claims	3	3	=	0	x 84	0.00
Multiple Dependent Claims				0	+ 280	
Basic Filing Fee						\$740.00
<u> </u>					TOTAL	938.00

Charge Deposit Account No. 13-2546 the amount of \$938.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

amony 8, 2002

BETH L. MCMAHON, Reg. No. 41,987

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